



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

| COMMITTEE TYPE (choose one) | 1 |
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| Candidate's Name (required): Candidate's mailing address (required): Candidate's mailing address (required): Candidate's mailing address (required): Candidate's phone number (required): Candidate's website, (if any): Sponsor's name (required): (if applicable) Sponsor's mame or nickname (required): Sponsor's mamiling address (required): Sponsor's mame or nickname (required): Sponsor's mamiling address (required): Sponsor's mame or nickname | Candidate | Sam: Hamed for City Courcil | |
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| Candidate's email address (required): Candidate's email address (required): Candidate's email address (required): Candidate's email address (required): Candidate's website (if any): Sponsor's mane (required): Candidate's website (if any): Sponsor's website (if any): Candidate's (required): (if applicable) Candidate's (required): (if applicable) Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required): Candidate's (required) | Committee Name (required): (first or last name & office) | Dam: Memes for City Courier | |
| Candidate's email address (required): Candidate's website (if any): Candidate's website (if any): Candidate's website (if any): Candidate's website (if any): Coffice Sought (choose one): Candidate's website (if any): Candidate's election will take place) (required): Candidate's Action Committee (PAC) Committee Name (required): (if sponsored, must include sponsored, must include sponsor's name) Political Function (optional): Candidate-Related Independent Expenditures Sponsorship Information: Sponsor's name or nickname (required): Sponsor's mailing address (required): County the development of the devith Secretary of State Special Status must to A.R.S. § 16-801 or § 16-804) Candidate's (required): Candidate's (required): (If applicable) Candidate's (required): Sponsor's mailing address (required): Sponsor's mailing address (required): Candidate's (required): Sponsor's mailing address (required): Candidate's (required): Sponsor's mailing address (required): Candidate's (required): Candidate's | Candidate Information: | Candidate's Name (required): | |
| Candidate's website (if any): Candidate's website (if any): Committee Sought (choose one): Mayor Council Member, Ward | | Candidate's mailing address (required): | |
| Candidate's website (if any): Office Sought (choose one): Mayor Council Member, Ward | | Candidate's email address (required): | |
| Contributions Contributions Condidate-Related Independent Expenditures | | Candidate's phone number (required): | |
| Election Cycle for Office Sought (year the election will take place) (required): Party Affiliation: | | Candidate's website (if any): | |
| Party Affiliation: Democrat Libertarian Republican Other: Party Affiliation: Democrat Libertarian Republican Other: Party Affiliation: Democrat Libertarian Republican Other: Party Affiliation: Political Action Committee (PAC) Political Action Committee (PAC) Political Action Committee (PAC) Political Function (optional): Contributions Candidate-Related Independent Expenditures Geselat any that apply) Ballot Measure Expenditures Recall Expenditures Recall Expenditures Sponsor's malling address (required): Sponsor's malling address (required): Sponsor's malling address (required): Sponsor's website (if any): Sponsor's anal addre | Office Sought (choose one): | ☐ Mayor ☐ Council Member, Ward | |
| Political Action Committee (PAC) | Election Cycle for Office Soug | tht (year the election will take place) (required): | angra |
| □ Political Action Committee (PAC) Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): □ Contributions □ Candidate-Related Independent Expenditures Sponsorship Information: Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's mailing address (required): □ Sponsor's phone number (if any): □ Sponsor's website (if any): □ Political Party Committee Name (required): □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ Political Party □ Committee Name (required): □ County Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ Legislative District Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Special Status must be filed with Secretary of State □ Standing Committee (must also complete separate standing committee | Party Affiliation: (required) | 20 1 | A CEL |
| □ Political Action Committee (PAC) Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): □ Contributions □ Candidate-Related Independent Expenditures Sponsor's name) Political Function (optional): □ Sponsor's name or nickname (required): □ Sponsor's mailing address (required): □ Sponsor's email address (required): □ Sponsor's email address (required): □ Sponsor's website (if any): □ Political Party Committee Name (required): □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ Political Party □ Committee Name (required): □ County Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) | State of the state | 70-1-0 | |
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| Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website | Sponsorship Information: | Sponsor's name or nickname (required): | - |
| Special Status must be filed with Secretary of State | (if applicable) | | |
| Special Status must be filed with Secretary of State | | | |
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| Special Status must be filed with Secretary of State | (4) | | |
| (if applicable) redistration) | Special Status must be file (if applicable) | · · · · · · · · · · · · · · · · · · · | nmittee |

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| D . | F | | | | 5 | 3907 |
| Date: _ | , | • | - | | | |



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

| Contact Information: | Committee's mailing address (required): |
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| | Committee's email address (required): |
| | Committee's phone number (if any): |
| | Committee's website (if any): |
| Chairperson's Information: | Chairperson's name (required): |
| | Chairperson's physical address (required): 26 N Grande Ave |
| | Chairperson's mailing address (if different): |
| | Chairperson's email address (required): |
| | Chairperson's phone number (required): |
| | Chairperson's employer (required): |
| | Chairperson's occupation (required): |
| Treasurer's Information: | Treasurer's name (required): |
| | Treasurer's physical address (required): |
| | Treasurer's mailing address (if different): |
| | Treasurer's email address (required): |
| | Treasurer's phone number (required): |
| | Treasurer's employer (required): |
| | Treasurer's occupation (required): |
| Bank or Financial Institution: | Bank name (required): |
| (do not list acct numbers) | Additional bank name (if applicable): |
| | Additional bank name (if applicable): |
| committee and authorize it to campaign finance and reporting | erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as a committee named herein, if applicable; (2) designate the above-named committee as my official candidate receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. agree to accept all notifications and legal service of process for campaign finance purposes via the email |
| Treasurer's signature: Candidate's signature (if applic | Date: |